



## Artist Information Form

Please fill out any line that applies to you. All information will be kept confidential.

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Lead Staff Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Organization: \_\_\_\_\_

Guardian: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's email address: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Information about the artwork (can include title of work, description, and/or meaning/intent): (optional)

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Information about the artist: (optional)

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### CONSENT TO USE NAME, PHOTOGRAPH, VIDEO, AND CREATED WORKS:

I, the undersigned, give permission for my name, photograph, video, artwork info, artist information, and/or created works to be published by the museum and/or media. This may include publications such as brochures, informational videos, social media, website, and press releases.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature